

## Prehospital Program

### Release Statements

Printed Name: \_\_\_\_\_

#### **Course Manuals**

I have read and understand the terms and requirements for participation in the UVa Prehospital Education Program as set forth in this Course Policy Manual/Internship Manual. I understand that failure to meet the terms and requirements described in the manuals may result in my termination from the program. I also agree to conduct myself as a professional and in manner consistent with the Policy Manuals.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Agency Sponsorship (To be completed by sponsored students only)**

I have been sponsored by \_\_\_\_\_ (“Department”). I understand as a condition of my participation that all records relating to my performance in the Program, including but not limited to disciplinary action, grades, and evaluations will be released to the Department. Specifically, this information will be made available to the EMS Coordinator, Chief, or his or her designee. I will be notified by the Course Director prior to release of information. I wave my FERPA rights for the duration of this class.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Photo Release**

The undersigned authorized the UVa Prehospital Education program and its appointed agents to photograph, televise, videotape, film, audio record, and/or transfer to any present or future technology material from the UVa course/ project referenced above, and agrees that that the UVa Prehospital Education Program, its authorized agents, employees, and assignees may use videotapes, photographs, film, and/pr audio recordings prepared there for educational or marketing purposes. No “for profit” use of the recordings is intended or will be authorized. No compensation will be paid for this express use.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_